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ABSTRACT

The first part of this paper is devoted to a review and criticism of B.F. Skinner's identification of moral or ethical principles with positive negative reinforcers. The second part is devoted to defending the thesis that behaviorists as scientists are not morally neutral as F.H. Kanfer claims. This paper seeks to determine which set of moral criteria psychologists seek out for moral guidance in a morally pluralistic society, and responds, tentatively, by suggesting that a moral principle can be extracted from the realm of behavior modification itself -- that is, from Skinner's operant conditioning. (Author/CKJ)

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Toward a Moral Criterion for Use by Behavior Modifiers

In 1971, Seymour Halleck felt justified in making this statement, "Unfortunately, behavior therapists are, as a rule, insensitive to the political and moral implications of their work."[1] Of course, this type of sentence is hard to prove or disprove, but if the growing mound of written matter on the subject of the ethical implications of behavior modification continues at its present rate, then behavior therapists are bound in the near future to trip over the pile even if it does not bury them. Some of the names associated with a concern about the nature of values and the role of ethics in respect to behavior modification are: A. Bandura, J. F. Rychlak, John Platt, F. H. Kanfer, I. J. Barrish, J. G. Holland, M. R. Goldfried, G. C. Davison, and B. F. Skinner.

It is appropriate to begin our discussion with a reference to the work of the gentleman mentioned at the end of the preceding list. In Beyond Freedom and Dignity, Skinner

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went to great lengths to show the necessity of redefining the term "freedom" from being understood as a "state of mind" or "feeling" to being understood as an escape from the wrong kind of control.[2] Notice that we said "the wrong kind of control" rather than control in general. The choice of phraseology is important inasmuch as Skinner understands us to be living under some kind of control at all points in our existence. In other words, he assumes that we are determined entities in a determined world. This notion, of course, is hardly surprising coming from a scientist. I understand this point of view and accept it. However, it does play havoc with the commonly held notion of morality and ethics. As you know, morality deals with the "ought," and the "ought" in turn implies the "can." The "can" in its turn implies the ability to exercise options, but to exercise options is to say that one is responsible for his behavior. But, to say that one is responsible for his behavior is in opposition to the belief that one's genetic make-up and his environment are ultimately "responsible" for one's behavior. Skinner <u>is</u> consistent at this point. He redefines the moral predicates "good" and "bad" so that these terms are consonant with his acceptance of determinism.

In Beyond Freedom and Dignity, Skinner indicates that the "literature of dignity" is concerned about "the appropriateness of rewards and punishment." In the following statement, Skinner indicates why he is opposed to the "literature of dignity."

> What we may call the literature of dignity is concerned with preserving due credit. It may oppose advances in technology including a technology of behavior, because they destroy chances to be admired and a basic analysis because it offers an alternative explanation of behavior for which the individual himself has previously been given credit.[3]

The "alternative explanation of behavior" mentioned in the preceding sentence is a reference to Skinner's theory of operant conditioning. Skinner understands or reinterprets values in terms of contingencies (consequences). He says,

> To make a value judgment by calling something good or bad is to classify it in terms of its reinforcing effects. The classification is important, as we shall see in a moment, when reinforcers begin to be used by other people (when, for example, the verbal responses "Good!" and "Bad!" begin to function as reinforcers), but things were reinforcing long before they were called good or bad -- and they are still reinforcing to animals who do not call them good or bad and to babies and other people who are not able to do so.[4]

Skinner goes on to indicate that the feelings to which a reinforcer gives rise are different from the stimulus

itself. The feelings are by-products and are not the important thing. The important thing is the thing felt. Good things are those which are positively reinforcing; bad things are those which are negatively reinforcing.

The preceding concept is extended into the realm of inter-personal relationships in order to account for moral principles. According to Skinner, the principle or the norm followed the behavior and the related contingencies.[5] In regard to the moral rule, "Do not steal," Skinner translates it as "If you tend to avoid punishment, avoid stealing," or "Stealing is wrong, and wrong behavior is punished." Skinner goes on to say, "Such a statement is no more normative than 'If coffee keeps you awake when you want to go to sleep, don't drink it.'"[6]

Now, Skinner may be right or he may be wrong in his historical pronouncements about the source of the rule "Do not steal." However, to say that moral judgments ("predicates," in philosophical jargon) are wholly synonymous with positive and negative reinforcers is certainly not the case.

To make the point, we can think of an hypothetical situation in which a passer-by suffered great pain and injury in saving an old man from a burning building. Our conversa-

tion with him might go this way. "That was a brave and good deed you performed the other day." "Yes, it was a good deed, but given similar conditions, I would not do it again." Here we have a situation in which all parties agree the deed was morally upright, but the agent declares (and we have no reason to disbelieve him) that he will never behave in that way again. In other words, the contingencies were not positively reinforcing for the agent, yet he declares the response to have been "good."

Using the burning building example to compound the problem further, we must indicate that the ascription of the term "good" to the deed of the rescuer should not so be applied after only one occurrence if we are going to adhere to the Skinnerian interpretation of "good" and "bad." If good things are those which are positively reinforcing and bad things are those which are negatively reinforcing, then it is impossible to evaluate the deed as being good or bad until there is once again a discriminative stimulus similar to the burning building which may or may not elicit the response (deed) in question. If the response (deed) is again forthcoming, then we may tentatively say that it is good because, ostensibly, the consequences were positively reinforcing.

Thus, unless a similar situation should arise and a similar response be emitted in respect to the second situation, we would have no right to declare the first response (deed) good because we would have no indication that positive reinforcement was operative in the first occurrence. However, for most of us, we would not have any difficulty in labeling the first act of salvation a good act. The conclusion I draw is: Our everyday verbal behavior does not corroborate Skinner's definition of "good" as being that which is positively reinforcing. A person desiring to defend Skinner's interpretation of moral predicates may respond to my conclusion by pointing out that the process of generalizing may be in effect in regard to moral predicates being ascribed to unique occurrences. I have no desire to deny the process of generalizing being a behavioral reality. To do so would have to be a matter of an a priori approach on my part because I have no experimental evidence available by which doubt may be cast on generalizing. However, neither should the behaviorist be too quick to appeal to the process of generalizing as an answer for the hard questions posed in the area of unique occurrences because such a term can easily become an all-encompassing umbrella term which explains everything, and

therefore, explains nothing.

Turning to behavior modification as a technique rather than as an explanatory theory of values and ethics, we want to acknowledge that the term behavior modification covers a wide and diverse spectrum of activities pertaining to the altering of human behavior.[7] "Aversive" techniques such as electric shock, nauseating drugs, and flooding can be used for "good" and "commendable" ends. On the other hand "positive" techniques such as operant conditioning could conceivably be used, as Skinner himself admits,[8] for aversive purposes. A person in power could provide incentives to the masses in order to maintain control over their behavior.[9] Thus, it is difficult, if not impossible, to generate one or two simple guidelines which will cover all possible situations in which techniques of behavior modification are employed. Each separate technique will have to be evaluated in conjunction with the behavioral situation for which it is proposed. Of course, the present writer is very much aware of the fact that the crux of the problem resides in the choice of the criteria used in the making of the evaluation.

The latter point or problem is why the present writer does not find F. H. Kanfer's statement in "Issues and Ethics

in Behavior Manipulation" very helpful. Kanfer says,

> Nor can psychology be held responsible for the application of its principles and methods by social agencies or industry in the fields of government, economics, or education. Decisions concerning the legitimacy of means and ends in use of behavioral control methods are no more the responsibility of the psychologist than is the question whether to use atomic weapons in a war in the area of competence of the physicist, or the decision to adopt sterilization procedures with some humans in the domain of the biologist. In the absence of any specific mandate from the social community through its legal, political, religious or social agencies psychologists will continue to use methods of control which are sometimes not acceptable to the public and use these for purposes about which there is some debate.[10]

The preceding statement is hardly constructive; it obviously was written before the late '60's. The logically prior question to using atomic weapons is whether they should exist in the first place. If they do not exist, they cannot be used. It does not serve anybody well, least of all the physicists of the Manhattan Project, to treat our scientists as if they are moral eunuchs. To give scientists carte blanche in the area of research and development and restrict moral responsibility to the area of the use and deployment of the playthings discovered by them is not only to belittle the relationship between truth and morality, but it is to belie that very relationship. The distinction between the "is" and the

"ought" so lovingly cherished for so many generations of philosophers is a logical distinction just as "life" and "breath" in the human organism should be distinguished (even though it is obvious that one won't be found without the other). But, to distinguish between the two is not to say there is no logical connection nor logical interpenetration nor logical reciprocation between truth and morality, between epistemology and axiology, and between science and the living of life.

Even though a little earlier the present writer seemed to be harsh in respect to Skinner's understanding of moral predicates as being identical to positive and negative reinforcers, nevertheless, Skinner has the glimmerings of an insight into the dangers of separating too cleanly and too sharply the "is" and the "ought." As we attempted to point out, the "is" and the "ought" can be and should be distinguished, but to separate them is to give license to the notion that science as a human activity is value-free and can, therefore, go its merry way without giving a nod to the ethical implications of its discoveries and applications.

Fortunately, Kanfer's is not the last word about the psychologist's moral responsibility in respect to the practice

of his profession. Goldfried and Davison in their work, Clinical Behavior Therapy, are extremely sophisticated in their understanding of the moral dimensions involved in the therapist-patient relationship. They are not satisifed with the notion that so long as the patient can determine voluntarily which behavioral goal is to be effected, then the behavior therapist is excused from moral deliberation in that particular case and is simply free to choose the means by which the patient's goal is to be obtained. They acknowledge Halleck's lead in refusing to allow the therapist off the moral hook. They say,

> There is an important implication to Halleck's thesis, namely that the distinction typically made between "voluntary" outpatient treatment and more coercive institutional treatment is spurious, even insidious. It is all the more undesirable in that it can mask the important fact that the clinician is invariably in a position of greater power in relation to the options available to the client. In fact, one could argue that an even greater tyranny on the part of therapists is possible when the influence processes are not openly acknowledged and investigated (Davison & Stuart, 1975).[11]

The point by Halleck to which Goldfried and Davison are referring is that it is often the case that the patient seeking help from a therapist does not have any clear idea as to behavioral goals and that the therapist in such a situation cannot help but to bring his own moral ideals into play

in the conversations with the patient. Of course, professional integrity would demand that the therapist recognize this possibility occuring.

Goldfried and Davison make the moral dimension of the therapist-patient relationship even more sticky in the situation wherein the patient thinks he desires certain behavioral goals, but it is obvious the patient desires these goals because of societal pressure. How should the therapist respond in such a case? Suppose it is the case of a homosexual seeking to effect and to maintain heterosexual activity. The therapist, by helping to patient to realize his supposed goal, may be inadvertently aiding and abetting an unnecessary societal pressure.[12] If the therapist is sensitive to his role as an inadvertent condoner and supporter of society's pressures, then he may find himself caught up in a related problem. Continuing with the use of the illustration of the plight of the homosexual, Goldfried and Davison say,

> But what about the homosexual client who might conceivably want to change not out of societal pressures and prejudices but out of a sincere desire for those things that are usually part of the heterosexual package--spouse and children? Who are we (referring to the therapists) to deny such an individual the possibility of fulfilling his desires? If we are not willing to take a stand against such an eventuality, we might consider helping such an individual to expand his sexual repertoire so that he can function with women (or with men, in the rare case

> of a lesbian who wants to change). However, as Davison has proposed, this should be done only if researchers and clinicians commit themselves to help heterosexual individuals expand their repertoires into the homosexual if we can determine somehow that they <u>really</u> want to change.[13]

But, if I am interpreting the preceding quotation correctly, then it appears that Goldfried and Davison have not really left behind the notion that clinicians or therapists should serve as neutral facilitators of the client's wishes. To be sure, Goldfried and Davison have brought it to our attention that: 1) the therapist is more instrumental than hitherto believed in respect to influencing the moral choices of the client, 2) the therapist himself may be reflecting the pressures of society, and 3) the therapist should investigate not only the conditions and pressures coming to bear upon the patient which cause the patient to believe that he is selecting a behavior goal voluntarily but also the conditions and pressures coming to bear upon the therapist himself so that an enlightened dialogue regarding choice of goals can ensue between the therapist and client. However, once Goldfried and Davison have uncovered the importance of the therapist's value system, they have refused to take another step in this sequence, viz., the therapist has a responsibility not only

to the value-system of the client but to his own as well. After all is said and done, and the therapist has determined that: 1) the client has a behavior goal, 2) the behavior goal is in line with the client's value-system and not merely the result of the client bowing to undue and improper societal pressure and prejudice, and 3) the therapist has not foisted his own moral ideal upon the patient, then the therapist should determine that by helping the client realize his behavior goal the therapist is not violating his own value-system or moral code.

One does not have to agree with Immanuel Kant's entire system of ethics in order to see the truth of the second formulation of the categorical imperative which reads: "Act in such a way that you always treat humanity, whether in your own person or in the person of any other, never simply as a means, but always at the same time as an end."[14] In the case of the therapist, he, too, counts as an end and not simply as the means or conduit for the client's wishes. Therefore, if the client's goal is at odds with the therapist's moral code, then the therapist has a right not to be the client's instrument. At the same time, it has already been established that the

therapist has no right to bully the client to see things his way. After a calm and rational discussion of the procedural problem, the therapist may see fit to refer the client to another clinician. As Albert Bandura put it,

> To grant clients the right to decide the direction of change does not mean that therapists are value free agents for hire. Occasionally individuals may favor goals that therapists do not wish to promote because they consider the aims potentially harmful or morally objectionable. In such instances, they decline to offer their services.[15]

We have tried to indicate the importance of the therapist being true to his own convictions. We are not saying that the therapist should try to become the moral leader of society or even of the client. Again Bandura is instructive.

> Some contend that the role of psychotherapists is to provide moral direction and answers to questions about the meaning of life. If therapists assume the role of secular priests, for which most are ill-prepared by their professional training, then the moral quest should encompass the wide range of options available. Life can be given purpose and direction through commitment to religious, philosophical, social and political ideologies. Since therapists lack expertise in most of the belief systems embraced by various segments of society, they could at best acquaint clients with alternative ideologies and refer them to authorities on different belief systems.[16]

It should be clear that the present writer is convinced that the scientist <u>cannot</u> -- let us put it more strongly -- <u>should not</u> set aside moral convictions. To say, however, that

scientists are not, by virtue of their profession, morally irresponsible while engaged in the pursuit of truth is not to indicate which moral criteria are to be in operation, either by the scientist or by the wider community which will help the scientist in his time of moral need. Likewise, it is extremely difficult to declare to the psychologist whether his proposed program of behavior change is morally upright when the wider community has not developed a consensus in respect to a system of morality or set of ethical principles.

So, I have argued in opposition to Kanfer that the scientist (psychologist) does have moral responsibilities in respect to his research, but I have not gone the extra mile and indicated which set of moral criteria should be used (only after proper vindication, of course). Let us determine if we can find such a set of criteria.

Often, in the last few years, consultants with a behavior modification approach have gone into institutional settings, both schools and mental institutions, and have developed programs whereby persons whose behavior is declared to be difficult are treated by operant conditioning, implosion therapy, assertive training, etc. In the educational setting, pupils who are inattentive, boisterous, lethargic, timid, antisocial, and

cannot remain in their seats for more than thirty seconds at a time are modified into attentive, quiet, productive, assertive, friendly, and stationary people. Apparently, there seems to be some kind of consensus among educators that the latter attributes are more desirable than the former. But why? Is there a pragmatic reason, i.e., learning is best served by the latter set of attributes? But some of these attributes, such as being friendly and stationary, are not necessarily instrumental to the learning process (whatever the latter may be).

In the educational setting, one has a more difficult moral situation with which to deal than that of the one-on-one situation of therapist and patient. In the former setting, one has the triangle of consultant, teacher, and student or students with which to contend. The modifier or consultant must compare the relative merits of the teacher's view of education and propriety in behavior with that of the student whose behavior is in question.

I. J. Barrish's article "Ethical Issues and Answers to Behavior Modification,"[17] is or should be a great source of comfort to those using behavior modification techniques because he ably defends the openness of behavior modification in respect to the ultimate and penultimate goals of the

therapy. Furthermore, he indicates that the client undergoing behavior modification is often apprised of the techiniques to be employed, though he goes on to admit that it is possible for the "consent and privacy" of the client to be violated.

Again, Barrish argues well for the use of token economics, operant conditioning, and aversion techniques against the claim that these techniques are dehumanizing. Essentially, he is defending these techniques insofar as they appear to be effective, especially in those cases where the institutionalized may be returned to society.[18]

Even Barrish, however, uses some kind of implicit moral viewpoint by which to evaluate the methods of behavior modification, implicit, that is, within the wider community. "Society," itself, seems to take on the connotation of a moral predicate. "Society" seems to be a term which means something to which the client must become compatible. He says,

> The behavior modifier in helping the client to achieve the maximum reinforcement from the society is also providing for increased happiness for the client to the extent that it is correlated with reinforcement from others. Thus it would appear that the behavior modifier is the agent of society to the extent that he moves his client's behavior in socially desirable or appropriate directions. On the other hand, he is the agent of his client to the extent that he helps his client become free of his problem and obtains reinforcement from others in society.[19]

The obvious problem with using "society" as the norm and goal of behavior modification is that in no sense is the denotation of the term "society" of "one cloth." Society is composed of groups and units, and these groups and units have opposing as well as differing ethical principles.

Even more disturbing than the fact that society is composed of many groups all operating to the rhythm of different drummers is the possibility (and reality in some cases) of society itself being controlled by a small elite whose value preferences are thrust upon the greater public. James G. Holland, in his article, "Ethical Considerations in Behavior Modification," points to several instances in which a small elite can use contingency management methods to control greater numbers of people. He cites a program of basic training by the Army, the pacification programs in Viet Nam, the channeling of young people into certain jobs by the Selective Service, and the ROTC programs as examples of the management of society by small groups of the power elite. Holland is extremely afraid that contingency management will be used to an even greater extent by the power elite in the future. He says,

> ...the use of the growing technology of contingency management is likely to further the interest of few at the expense of many. The prospect becomes awesome

> because of the growing ability to implement large-scale contingency management through developing technologies of the computer and the electronic surveillance techniques. Neutrality is no longer tenable. The behavioral psychologist is preparing procedures which past and present facts indicate will be used by those in positions of power for their ends rather than for the objectives of the individual whose behavior is being manipulated. In an effort to curtail this use, the psychologist must do research which will permit counter-control by individuals or groups lacking resources.[20]

Society, for the preceding reasons, cannot serve as a moral criterion to which the behavior modifier can turn in his practice. However, the behavior modifier is not left without a starting point in the development of an ethic. He can turn to the theme and thrust of the major method of behavior modification, i.e., operant conditioning, as a paradigm. This paradigm emphasizes positive reinforcement and plays down aversive consequences. (This is not to say that aversive conditioning should not be used in those cases where it is indicated in view of the results as long as those results are positive not only for the modifier but for the client in an obvious way.)

I find operant conditioning a useful starting place because it has affinities with ethical principles clearly recognizable to the general public. It is commensurate with the Jewish and Christian dictum of "Love your fellow man." It certainly has the element of "respect" lying implicitly

behind it. Respect is a dominant theme in the Kantian ethic, that is to say, one should treat his fellow man as an end in himself. (Nor, as we indicated earlier, should the agent exclude himself from the realm of ends.) Undoubtedly, more parallels and similarities could be drawn between operant conditioning and other ethical systems; however, it should be clear that Skinner's pronouncement in Beyond Freedom and Dignity that operant conditioning is morally neutral is incorrect.[21] In itself, as a means to an end, it operates with the welfare of the client in mind. Surely, it can be put to work for less than honorable purposes; nevertheless, as an instrument it can be touted as good, not only instrumentally but intrinsically as well.

The preceding statement is surely a curious one. How can an "instrument" be not only instrumentally good but intrinsically good as well. I seem to be guilty of a confusion of terms, if not an outright contradition. However, let me appeal to Skinner himself at this point. In his recent article, "The Ethics of Helping People," Skinner seems to treat operant conditioning of the positive kind as not only a means to an end, but as an end in itself.[22] If this is true, then he has left behind the notion he stressed in Beyond Freedom and Dignity

that behavior modification is ethically neutral. It cannot be ethically neutral if it is an end in itself. How have I obtained the notion that operant conditioning of the positive reinforcement variety is an end in itself in Skinner's eyes?

In the article, "The Ethics of Helping People," Skinner bemoans the fact that in some quarters the deprivation of certain kinds of goods, privileges, rights, etc. in respect to inmates of institutions for the purpose of employing positive reinforcement procedures is being attacked by certain persons who believe that these goods, services, rights, etc. should be guaranteed to the inmate. Well, why shouldn't these things be guaranteed to the inmates? Are they not the very same things which would accrue to the inmate if in fact positive reinforcement were the means of their acquisition? So, why should Skinner bemoan their ready availability to the inmates through the bypassing of the instrumentation of positive reinforcement? Is not the welfare of the inmate served just as well by the giving of these things to him instead of his operating upon his environment so that they will be forthcoming? "No," Skinner would reply, "the inmate's welfare is not served just as well by simply giving him these

things." Skinner says relative to this point,

> The plight of those who are not often reinforced--because others do things for them, or because they have not learned to do things for themselves, or because they are given the things they would otherwise be reinforced by getting--is familiar enough. Traditionally their behavior is attributed to feelings and states of mind. Such people are said to lack initiative, to show little strength of character, to have weak wills, to lack spiritual strength, or to have egos that are not well developed. They are said to suffer from aboulia (lack of will), acedia (spiritual torpor), apathy (lack of feeling), or boredom. What they are suffering from is a lack of positive reinforcement.
>
> It is easy to dismiss that statement as the idée fixe of a behavioral analyst, but strength of behavior is a basic aspect of human nature.[23]

I want to emphasize that the underlined portion in the first paragraphy is Skinner's emphasis, not mine. However, his emphasis substantiates my contention that he now looks at positive reinforcement as an end in itself. Ultimately, the present writer would probably have to confess that for him positive reinforcement is not the end in itself. I am afraid that I would be one of those guilty ones who would still accept some of the "mentalistic" items listed in the preceding quotation--things such as character, will, ego, and spirit as being ends which may be served by the instrumentally good instrument known as positive reinforcement. Nevertheless, as an instrument that could conceivably be used to obtain

ultimately bad or questionable ends, positive reinforcement in respect to its penultimate effects is certainly not aversive in tone; therefore, I can still maintain, as I did earlier, that "as an instrument it can be touted as good, not only instrumentally but intrinsically as well."

With the preceding point in mind, it should be comforting to the behavior modifier to realize that he does not have to start from scratch in appropriating an ethic. An ethical paradigm of noteworthy quality already exists readymade for him within his arsenal of behavioral techniques.

References

1. Seymour L. Halleck, The Politics of Therapy (New York: Harper & Row--Perennial Library, 1971), p. 84.
2. B. F. Skinner, Beyond Freedom and Dignity (New York: Bantam Books, 1971), pp. 24 ff.
3. Ibid., p. 55.
4. Ibid., pp. 99-100.
5. Ibid., p. 109.
6. Ibid.
7. D. A. Begelman, "Ethical Issues in Behavioral Control," The Journal of Nervous and Mental Diseases, 1973, 156, p. 413.
8. Skinner, p. 32.
9. James G. Holland, "Ethical Considerations in Behavior Modification," Current Ethical Issues in Mental Health, ed. Milton F. Shore and Stuart E. Golann (Rockville, Md.: National Institute of Mental Helath, 1973).
10. F. H. Kanfer, "Issues and Ethics in Behavior Modification," Psychological Reports, 1965, 16, p. 194.
11. Martin R. Goldfried and Gerald Davison, Clinical Behavior Therapy (New York: Holt, Rinehart, and Winston, 1976), p. 268.
12. Ibid., p. 271.
13. Ibid., p. 272.
14. Immanuel Kant, Groundwork of the Metaphysic of Morals, trans. H. J. Paton (New York: Harper Torchbooks, 1964), p. 96.
15. Albert Bandura, "Value Orientations in Behavior Modification," (received by the present writer from the author in 1975 in mimeograph form), p. 6.
16. Ibid., p. 7.
17. I. J. Barrish, "Ethical Issues and Answers in Behavior Modification," Corrective and Social Psychiatry and Journal of Applied Behavior Therapy, 1974, 20, pp. 30-37.
18. Ibid., p. 34.
19. Ibid., p. 33.
20. Holland, p. 30.
21. Skinner, Beyond Freedom and Dignity, 143.
22. B. F. Skinner, "The Ethics of Helping People," The Humanist, 36 (January/February, 1976), pp. 7-11.
23. Ibid., p. 8.